



PLANNING & ZONING DEPARTMENT

SITE PLAN REVIEW APPLICATION

DATE OF APPLICATION: _____

APPLICANT'S NAME: _____

APPLICANT'S REQUEST: _____

PROPERTY OWNER'S NAME: _____
(if different than applicant)

APPLICANT'S MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

ASSESSOR'S PARCEL #: _____

TELEPHONE #: _____

EXISTING ZONING: _____

APPLICANT'S SIGNATURE: _____ DATE _____

AUTHORIZATION OF OWNER: _____
(must be signed by owner of record at time of application)

NON-REFUNABLE FEE: \$75.00*